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U.S. Abortion Bans Harm Population Health and Must Be Repealed

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Abortion bans harm population health and cause unnecessary suffering. Research co-led by me shows that, after states impose abortion bans, fertility, infant mortality, and pregnancy-associated mortality are higher than expected. State legislators have a duty to protect their constituents by enacting state constitutional abortion protections and protecting medical practitioners' ability to provide evidence-based care.

The United States has experienced unprecedented shifts in abortion policy in recent years. As of mid-2026, 21 states have restrictions on abortion in effect prior to viability (roughly 22 weeks' gestation), including 13 with complete bans and four with 6-week bans. These policies create barriers to accessing essential reproductive health care that some pregnant people may be unable to overcome. This can lead to an increase in the number of births, a shift in the composition of people having births towards those at greater risk of poor pregnancy outcomes, and denial of life-saving care. Growing evidence suggests abortion bans are exacerbating existing health disparities, with those who experience the greatest structural disadvantages and those residing in states that already have among the worst maternal and child health outcomes experiencing the largest effects.

My colleagues and I have documented the repercussions of recent abortion restrictions on population health. We used birth certificates, death certificates, and Census data to estimate the impact of complete and 6-week abortion bans imposed in 14 states on fertility, infant mortality, and pregnancy-associated mortality through the end of 2023.

Abortion Bans Inequitably Increase Fertility

Following the imposition of abortion bans, the fertility rate increased 1.7% above expectations. This is equivalent to 22,180 excess births by the end of 2023. This increase indicates that approximately 10% of abortions that would have occurred in these states during this time period ultimately resulted in a live birth—but these births were not distributed equally across the population.

Impacts were largest among racially minoritized individuals, those without a college degree, Medicaid beneficiaries, unmarried individuals, younger individuals, and those in Southern states. Across states, estimated changes in fertility rates ranged from 0.3% to 2.3% above expected levels, with the largest estimated changes in Texas (2.3%), Kentucky (1.4%), and Mississippi (1.4%). Existing research demonstrates that not being able to obtain an abortion has many negative health, social, and economic implications for birthing persons, their children, and their families. Taken together, these findings indicate that abortion bans can undermine achieving health equity.

Infant Mortality Worsens under Abortion Bans

Abortion restrictions may be stopping or even reversing improvements in infant mortality made in recent decades. U.S. states that adopted abortion bans had 5.6% higher-than-expected infant mortality—death of a child within 1 year of birth—after the bans took effect. The estimated relative increases in infant mortality were larger for deaths with congenital causes and among groups that had higher-than-average infant mortality rates at baseline, including Black infants, who experienced an 11.0% increase in mortality, and infants born in Southern states.

These experiences can cause unnecessary trauma to pregnant people and their families. Texas resident Samantha Casiano described to MS Now her experience of being forced to continue a doomed pregnancy that resulted in an infant death mere hours after birth, saying, "It was traumatizing and hard… Thinking about it now just makes me, makes my stomach hurt. And I was forced to go through it. *It was torture.*"

Abortion Bans Increase Deaths among Pregnant and Recently Pregnant People

We estimated a possible 9.2% increase in pregnancy-associated deaths—deaths during pregnancy or up to one year after the pregnancy—above expected levels in states with abortion bans. This is equivalent to an estimated 68 excess deaths by the end of 2023. Pregnancy-related mortality—deaths directly or indirectly related to the pregnancy up to a year after pregnancy—showed a similar pattern, though estimates were less precise given the event is rarer.

Many of these deaths are preventable, such as Josseli Barnica's death in Texas, where ProPublica reporting found providers refused to intervene in her miscarriage, concerned it would be a "crime."

Our work thus far has focused on the effects of abortion bans on mortality, but this is just the tip of the iceberg. Many more pregnancies experience infant and maternal complications.

Repeal Abortion Bans to Protect Pregnant Constituents and Their Families

Overturning state abortion restrictions will allow pregnant people, in conversation with their families and their medical providers, to make decisions about their pregnancies. Legislators looking to support the overall health of birthing people should work to;

- Enshrine state constitutional abortion protections.
- Extend the gestational limit through which abortions can be provided.
- Explicitly state medical providers' ability to make decisions about the best course of action in accordance with evidence-based medicine to limit harms to pregnant people without potential legal repercussions.

Protecting reproductive rights is not just a matter of personal freedom—it is a public health imperative, and the cost of inaction is measured in lives lost and families forever changed.

Read more in Suzanne Bell, et al. "US Abortion Bans and Fertility", *Journal of the American Medical Association*, February 2025, Alison Gemmill, et al., "US Abortion Bans and Infant Mortality", *Journal of the American Medical Association*, February 2025, and Suzanne Bell, et al., "Abortion Bans and Maternal,

Pregnancy-Related, and Pregnancy-Associated Mortality in 14 US States, 2016-2023: Estimated Impacts Amid Substantial Measurement Challenges", *American Journal of Public Health*, June 2026.